

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042549

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

336

Primary Registration District No.

336 4494

Registrar's No.

4494

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 12 1963

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Winona</u>		c. CITY OR TOWN <u>Winona</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Winona, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>Winona</u>	

3. NAME OF DECEASED (Type or print) <u>Bill Davis Fair</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>2</u> Year <u>1963</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-15-1913</u>	9. AGE (last birthday) <u>50</u>	10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman Mass Tie Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>		
11a. FATHER'S NAME <u>James F. Fair</u>			11b. MOTHER'S MAIDEN NAME <u>Emma Davis</u>		
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			12b. SOCIAL SECURITY NO. <u>John Fair</u>		
13a. NAME OF DECEASED <u>James F. Fair</u>			13b. NAME OF HUSBAND OR WIFE <u>Bulah Fair</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I-(a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____

21. I attended the deceased from Nov 2, 1963 to Nov 2, 1963 and last saw him alive on Nov 2 1963
Death occurred at 2:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H. A. Rollins M.D.</u>	22b. ADDRESS <u>Winona Mo.</u>	22c. DATE SIGNED <u>11-7-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-6-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pine Lawn Cemetery Winona Mo.</u>
24. FUNERAL DIRECTOR <u>Clay Funeral Home, Winona, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 9, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mobile Goe</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1/010

2/010

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9/20.1

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11

12 90.0

13 1.0

DEC 20 1963

NOV 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Amelia C. Clay

Licensed Embalmer No. 5118

P. O. Address Winona, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Revised Form 1000